

Name
in
Full

Emma T. Aldridge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

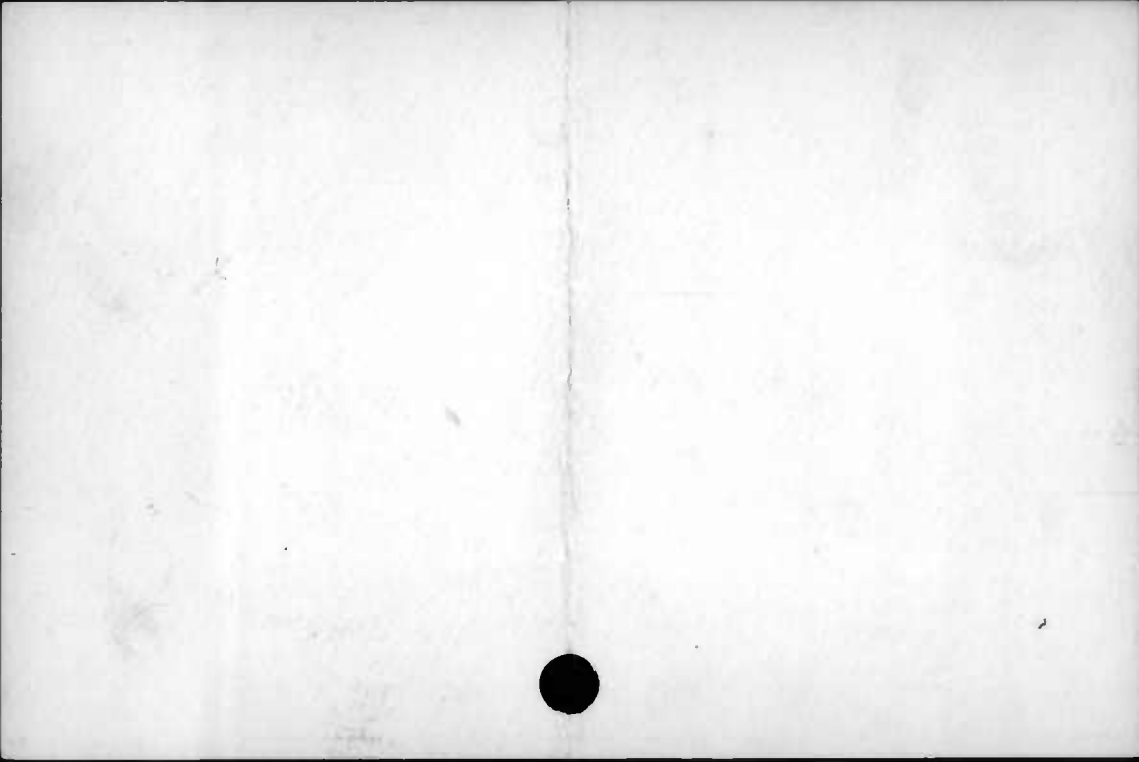
Died at <i>Mt. Airy</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>22</i>	Years <i>56</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Frank Co. Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Singleton A. Aldridge</i>				
Father's Name <i>John Shultz</i>	Father's Birthplace <i>Hampstead, Md</i>				
Mother's Maiden Name <i>Arsaw Burrall</i>	Mother's Birthplace <i>Frank Co. Md</i>				
Name of person giving information <i>Singleton A. Aldridge</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>17 years</i>
Immediate <i>Pleurisy</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. Hopkins M. D</i>
	Address <i>New Market</i>
Accident or Suicide? <i>no</i>	<i>Maryland.</i>



Name in Full		270 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Smallwood</i> <small>Town</small>		<i>Carmel</i> <small>County</small>
	Date of death <i>1907</i> <small>Month</small> <i>Nov</i> <small>Day</small> <i>4</i> <small>Age</small> <i>Years</i> <small>Months</small> <i>Days</i>		
	Sex <i>male</i> <small>Color or Race</small> <i>white</i>		Birth-place <i>Md</i>
	Occupation <small>Where Residing if not at place of death</small>		
	Married, Single or Widowed <i>Single</i> <small>Name of Wife or Husband</small>		
	Father's Name <i>Richard Arnold</i>		Father's Birthplace <i>Md</i>
	Mother's Maiden Name <i>Emma Spencer</i>		Mother's Birthplace
Name of person giving information <i>Richard Arnold</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Still Born</i>		How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Coonan M.D.</i>
			Address <i>Westminster</i>
	Accident or Suicide?		

2
Stones

West Park cemetery

1855

Name
in
Full

CERTIFICATE OF DEATH

Hannah Baker

TO BE ANSWERED BY
NEAREST FRIEND

Died at New Windsor Carroll County MARYLAND

Date of death 1907 Nov Month 25 Day 72 Years 8 Months 11 Days

Sex Female Color or Race White Birthplace Maryland

Occupation Home Wife Where Residing if not at place of death New Windsor

Married, Single or Widowed Widowed Name of Wife or Husband Levi Smith

Father's Name Levi Smith Father's Birthplace Unknown

Mother's Maiden Name Sarah Smith Mother's Birthplace "

Name of person giving information Philip B. Snader How related to deceased us

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

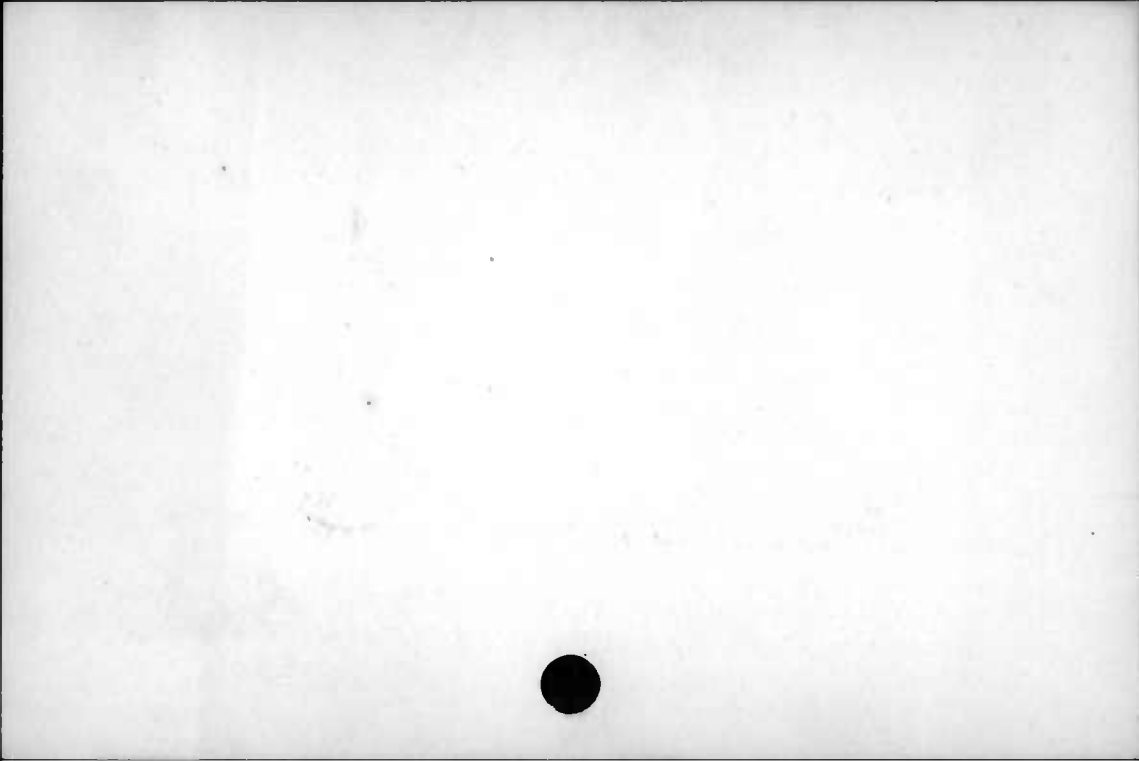
J. Edward West J.P.
acting as Coroner

Address

New Windsor
Md.

Accident or Suicide?

yes



Name
in
Full

Maggie V. Barnhart—

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

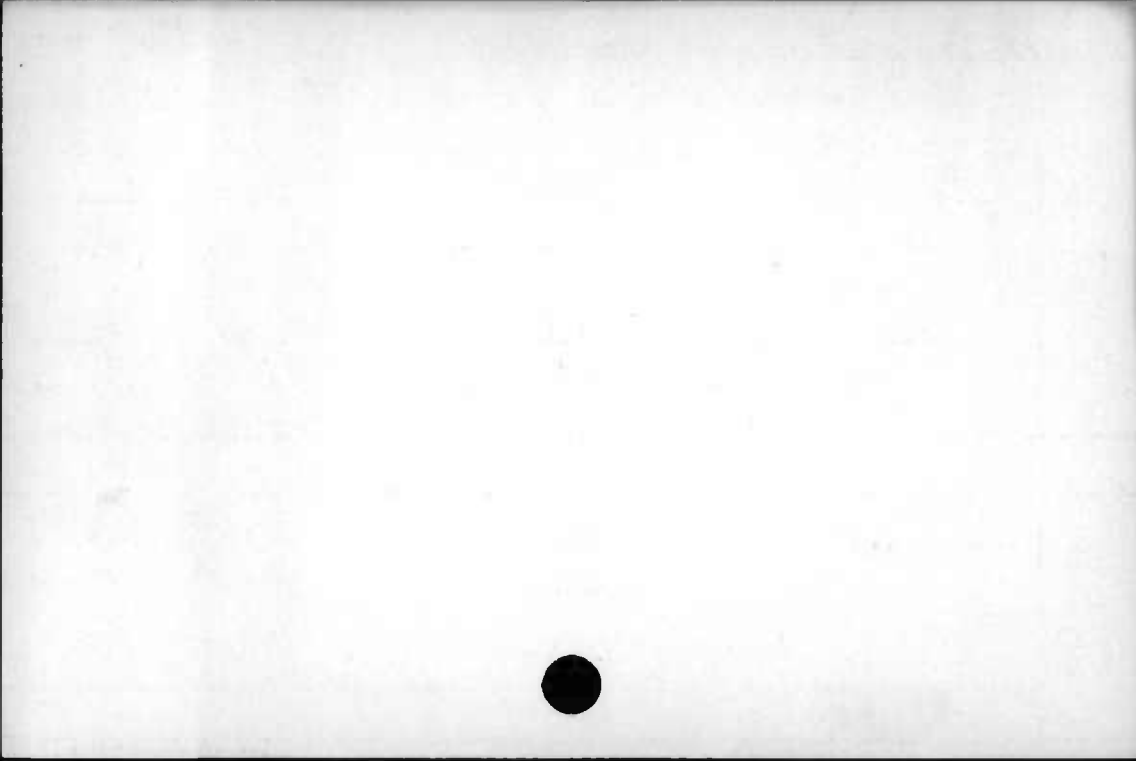
Died at		Town <i>Manchester</i>		County <i>Carroll</i>		MARYLAND	
Date of death		1907	Month <i>Nov</i>	Day <i>25</i>	Age <i>33</i>	Years <i>9</i>	Months <i>16</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Carroll Co Md</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death —			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>John T Lawson</i>				Father's Birthplace <i>Carroll Co Md</i>			
Mother's Maiden Name <i>Mary A Houck</i>				Mother's Birthplace <i>York Co Pa</i>			
Name of person giving Information <i>John T Lawson</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Lobular Pneumonia</i>		How long <i>5 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J H Sherman M.D.</i>
Address <i>Manchester</i>		
Accident or Suicide?		<i>Md</i>



Name
in
Full

Margaret Ann Bennett

No. 282
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster Town Carroll County
 Date of death 1907 Nov 19 Age 59 Years 3 Months 28 Days
 Sex Female Color or Race White Birth-place Maryland
 Occupation None Where Residing Not at place of death
 Married, Single or Widowed Single Name of Wife or Husband
 Father's Name Benjamin W. Bennett Father's Birthplace Maryland
 Mother's Maiden Name Margaret C. Corman Mother's Birthplace "
 Name of person giving information Blanch Corman How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Valvular disease How long about year
 Immediate Acute Congestion of Lung How long about 2 hours
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician I. J. Corman M.D.
 Address Westminster
 Accident or Suicide? No

Paid to October 1st
Last Number 248

November 1894

Name in Full Noah Bixler		275 CERTIFICATE OF DEATH	
Died at Crauberry <small>Town</small>		Carroll <small>County</small>	
Date of death 1907		Nov 6	
Month Nov		Day 6	
Age 77		Years 77	
Sex Male		Color or Race White	
Occupation Retired Farmer		Where Residing if not at place of death Home	
Married, Single or Widowed Married		Name of Wife or Husband Sarah Bixler	
Father's Name John Bixler		Father's Birthplace Pennsylvania	
Mother's Maiden Name Mary Wheeler		Mother's Birthplace Pennsylvania	
Name of person giving information Mrs. N. Bixler		How related to deceased Wife	
CAUSES OF DEATH			
Primary Hypertrophy of Heart		How long Some years	
Immediate Heart Failure		How long Instantaneous	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Chas R. Xous	
		Address Westminster Md	
Accident or Suicide? No			

~~Blackburn Team~~
Manchester. Leam
Stones.

Name
in
Full

Edward Ely Bucky

CERTIFICATE OF DEATH

Town

Linwood

County

Carroll

MARYLAND

Died at

Date

1907 Nov

Month

Day

17

Years

Age 74

Months

Days

18

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of death

Linwood

Married, Single
or Widowed

Married

Name of Wife or
Husband

Fannie O. Bucky

Father's
Name

Eley Bucky

Father's
Birthplace

Maryland

Mother's
Maiden Name

Susan Morris

Mother's
Birthplace

Maryland

Name of person giving
In formation

John C. Bucky

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Interstitial Nephritis

How long

120

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. E. Whitehill

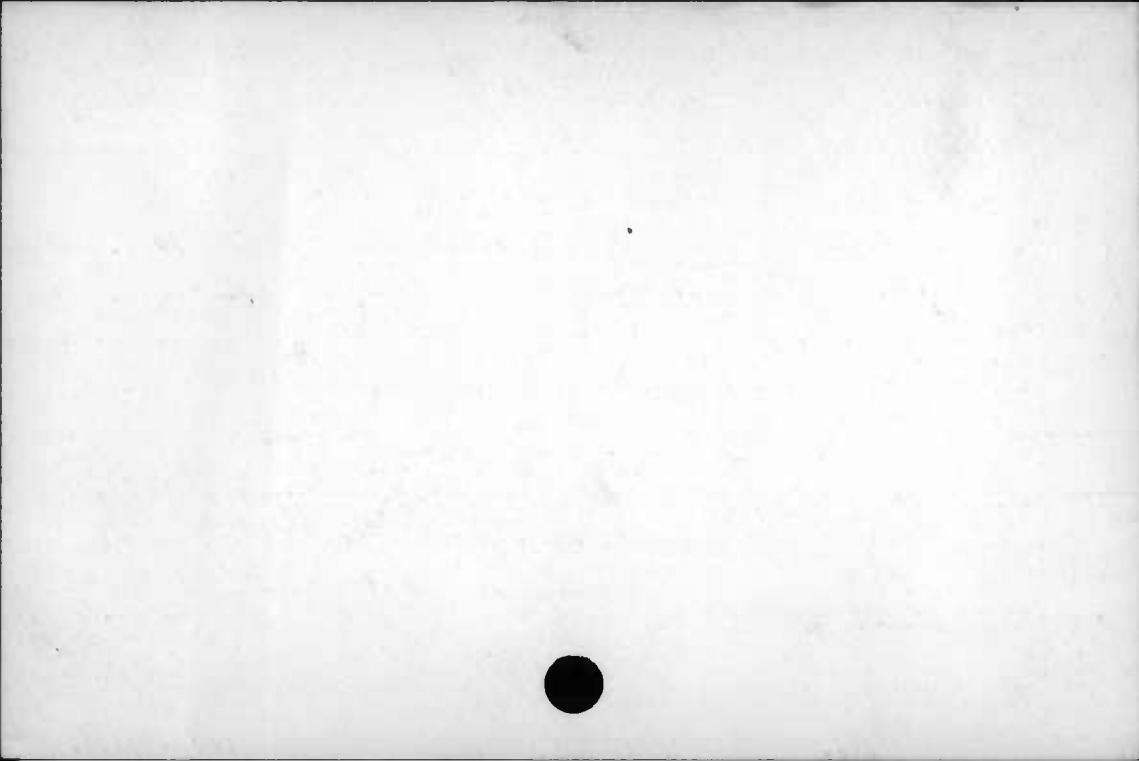
Address

New Windsor

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

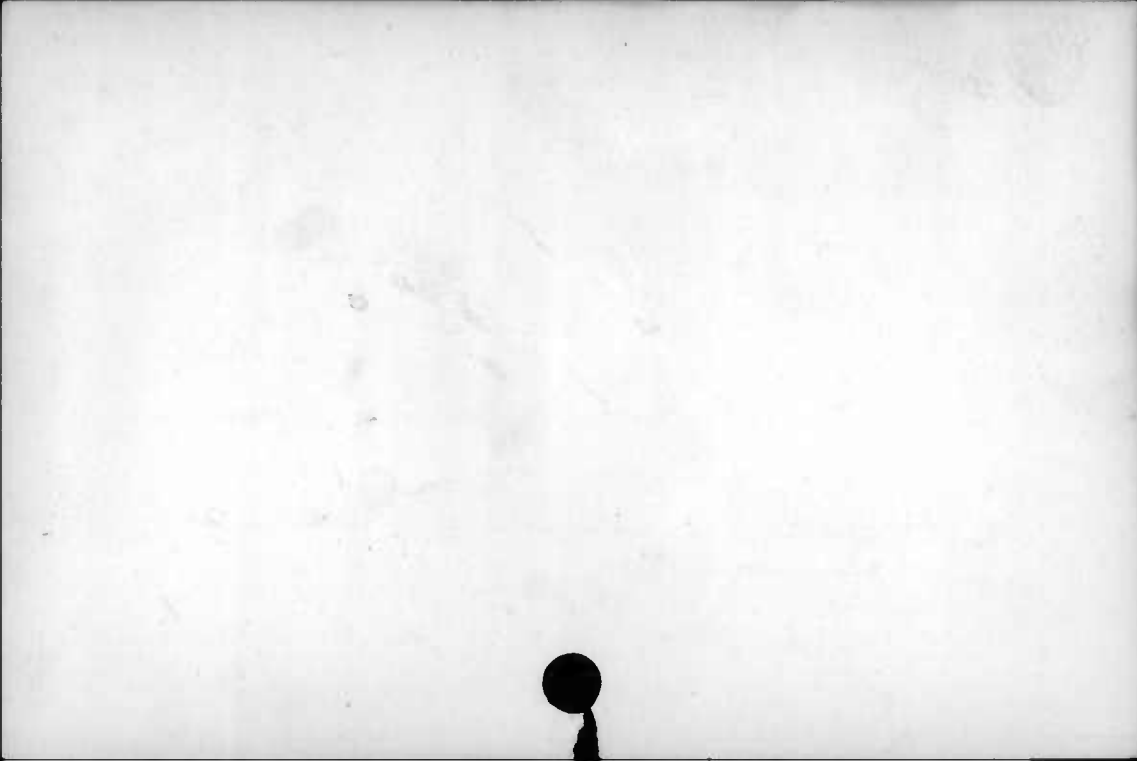
Died at <i>Linne</i> , Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>26</i>	Age <i>80</i>	Years <i>2</i>	Months <i>26</i>
Sex <i>Man</i>	Color or Race <i>White</i>		Birth-place <i>Lamiet</i>		
Occupation <i>farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Abba Ann Buckingham</i>			
Father's Name <i>Belle Buckingham</i>		Father's Birthplace <i>Wifield</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace			
Name of person giving information <i>Charles H. Buckingham</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>3 Year</i>
Immediate <i>Heart Failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. D. Cronk</i>
	Address <i>Wifield</i>
Accident or Suicide?	



Name
in
Full

Emma Burgess

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

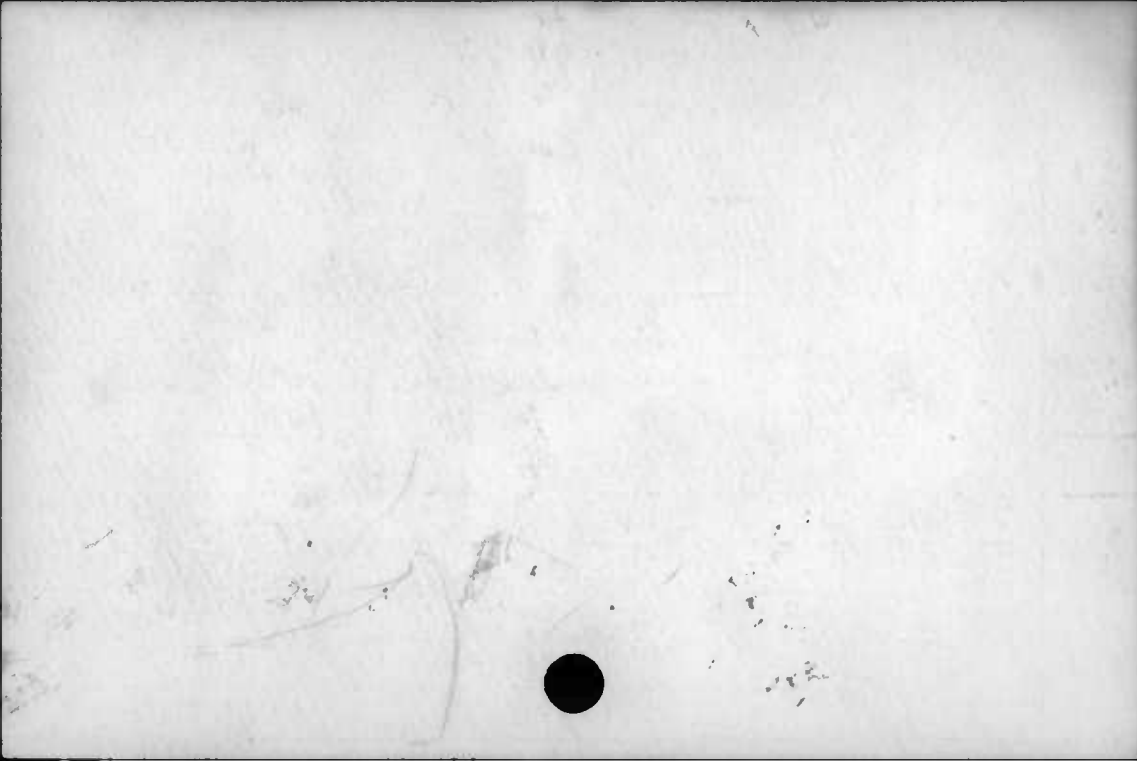
Died at <i>Marriottsville</i>		Town <i>Marriottsville</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	Nov.	Day	2	Years	40
Sex	Female		Color or Race	Black		Birthplace	<i>Marriottsville</i>
Occupation	Domestic			Where Residing if not at place of death		same	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	George H. Burgess				Father's Birthplace	Baltimore	
Mother's Maiden Name	Sarah E. Higgins				Mother's Birthplace	Carroll Co	
Name of person giving information	Sarah Burgess				How related to deceased	mother	

CAUSES OF DEATH

(118)

PHYSICIAN
OR CORONER

Primary	<i>Appendicitis</i>		How long	<i>3 days</i>
Immediate	<i>Peritonitis</i>		How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>M.D. Hockins</i>
			Address	<i>Eldersburg</i>
Accident or Suicide?		<i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

Mary Byers

TO BE ANSWERED BY
NEAREST FRIEND

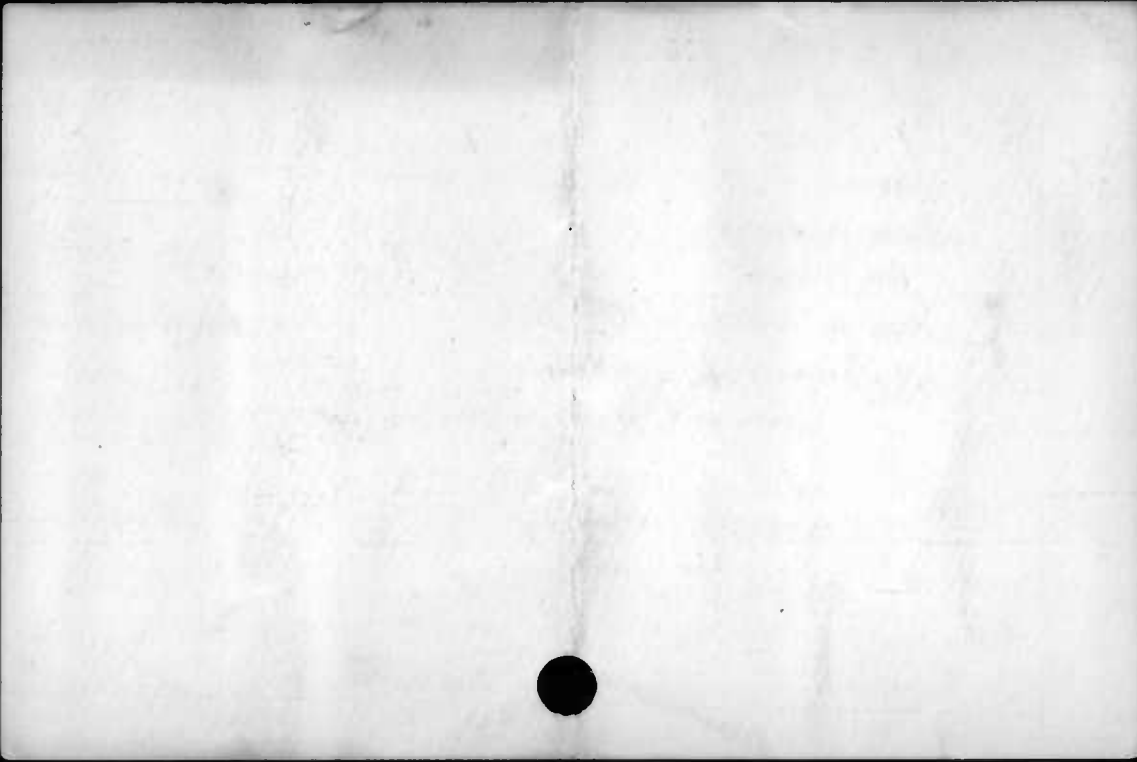
Died at <i>MT Airy</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov</i>	Day <i>11</i>	Age <i>70</i> <small>Years</small>	Months <i>4</i> Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cher</i>		
Occupation <i>Seamstress</i>	Where Residing if not at place of death <i>MT Airy Md</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>Mary M Byers</i>				
Father's Name <i>Frederick Byers</i>	Father's Birthplace <i>Penn</i>				
Mother's Maiden Name <i>Nancy Bowham</i>	Mother's Birthplace <i>Mo</i>				
Name of person giving information <i>Ann R. Dugg</i>	How related to deceased <i>Sis to</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart trouble</i>	How long
Immediate <i>Heart trouble</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank L Lewis</i>
	Address <i>Coroner</i>
Accident or Suicide?	



Name
in
Full

Mrs. Julia A. Danner
 Town *Ridgely* County *Carroll*

CERTIFICATE OF DEATH

MARYLAND

Died at *Ridgely* Date of death *1907 Nov. 9* Age *83* Months *—* Days *—*

Sex *Female* Color or Race *White American* Birth-place *Near Windsor Carroll Co*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Henry Danner*

Father's Name *Daniel Eagle* Father's Birthplace *Dont know*

Mother's Maiden Name *Annie A. Bale* Mother's Birthplace *" "*

Name of person giving information *Annie E. Danner* How related to deceased *Daughter*

CAUSES OF DEATH

63

Primary *Paralysis of Respiratory Muscles* How long *one hour*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

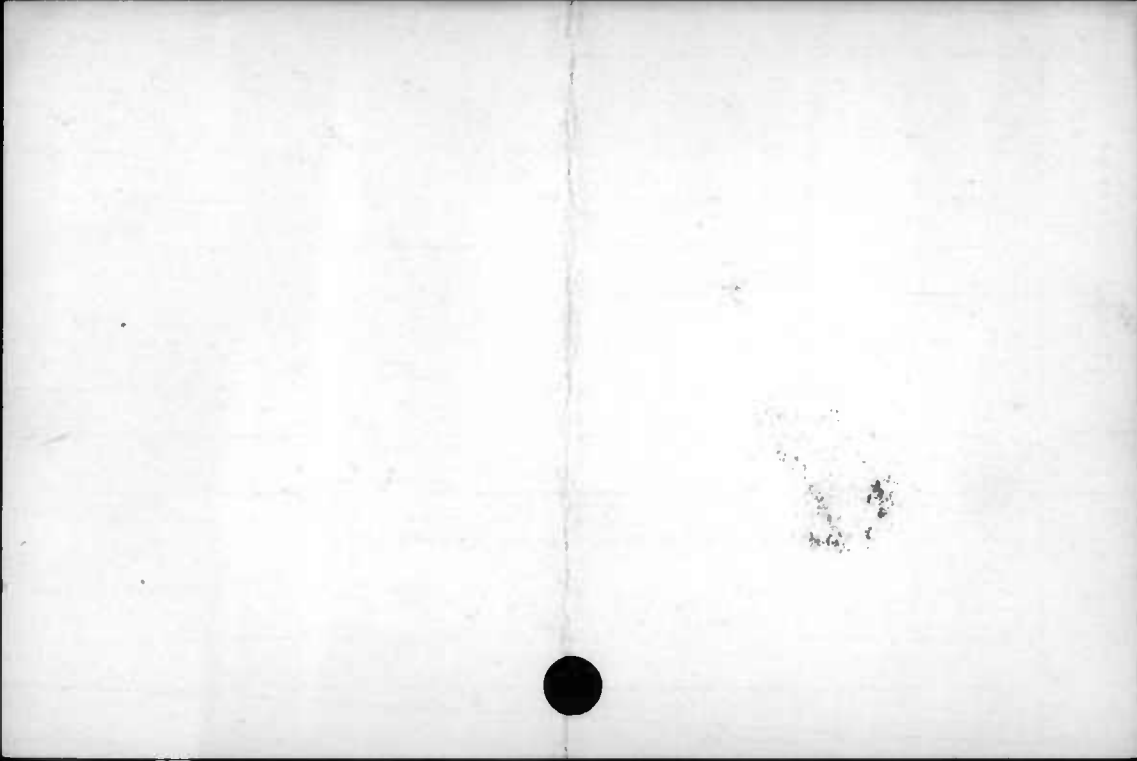
J. E. Brownell

Address

Mt. Airy Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

Isaac DeGroot.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Silver Run Canoll Co.</i>		County		MARYLAND	
Date of death	1907	Month	Nov	Day	2
Age	88	Years	1	Months	27
Sex	Male	Color or Race	White	Birth-place	Adams Co. Pa.
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Susan Steen		
Father's Name	Unknown	Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown		
Name of person giving information	Susan DeGroot.	How related to deceased	Wife.		

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary	Cancer of face	How long	15 years.
Immediate	Same.	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Harry S. Crouse M.D.
		Address	Littletown, Pa.
Accident or Suicide?	—		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at <i>near Daniel</i>		Town		County		<i>Carroll</i>	
Date of death <i>1907</i>		Month <i>11</i>		Day <i>20</i>		Age <i>48</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>near Daniel. Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Louisa Conway</i>					
Father's Name <i>Robt. L. Farver</i>		Father's Birthplace <i>Carroll Co. Md.</i>					
Mother's Maiden Name <i>Eliza A. Jenkins</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>J. Thos. Farver</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

570

Primary	<i>Diabetes</i>	How long	<i>4 yrs</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. D. Cronk</i>	
<i>J</i>		Address <i>Winfield Md.</i>	
Accident or Suicide?			

C. C. C. C.

Name
in
Full

William L. J. Farmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{near} <i>Samoa Creek</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	11	Day	28
Age	82	Years	82	Months	9
Sex	Male	Color or Race	White	Birth-place	Canoll C., Md.
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Widower		Name of Wife or Husband <i>Susanah Jenkins (deceased)</i>		
Father's Name	Unknown		Father's Birthplace Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace Unknown		
Name of person giving information	Jacob Farmer		How related to deceased Son,		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility</i>		How long	<i>gradual decline</i>
Immediate	<i>Paralysis</i>		How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>E D Cronk</i>	
			Address <i>winfield Carroll Co.</i>	
Accident or Suicide?				

E. L. Meyer

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Infant F. Flemming
Died at *Taylorville* *Carroll* County
Date of death *1907* *11* *1*
Sex *Female* Color or Race *White* Birth-place *Taylorville, Md.*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____
Father's Name *Augustus Flemming* Father's Birthplace *Carroll Co., Md.*
Mother's Maiden Name *Elsie Gunn* Mother's Birthplace *" " "*
Name of person giving information *Augustus Flemming* How related to deceased *Father.*

CAUSES OF DEATH

Primary *Premature Birth* *(S)* How long _____
Immediate *" "* How long _____
Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *A. T. Cronk*
Address *Taylorville, Md.*
Accident or Suicide? ☒

Taylorsville

Name
in
Full

CERTIFICATE OF DEATH

Eliza Forney

Town

County

MARYLAND

Died at *Bar Carroll*

Date

Month

Day

Years

Months

Days

of death 1907

11

23

Age

74

8

16

Sex

Female

Color or
Race

White

Birth
place

Carroll to Md

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Thomas Forney

Father's
Name

Felix Fross

Father's
Birthplace

Md

Mother's
Maiden Name

Lydia Angell

Mother's
Birthplace

Md

Name of person giving
In formation

Clara R Bankard

How related
to deceased

Daughter

CAUSES OF DEATH

130

Primary

Proceduralia Intest et Ulcer

How long

4 years

Immediate

Old age & Exhaustion

How long

6 months

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Charles B. Roper

Address

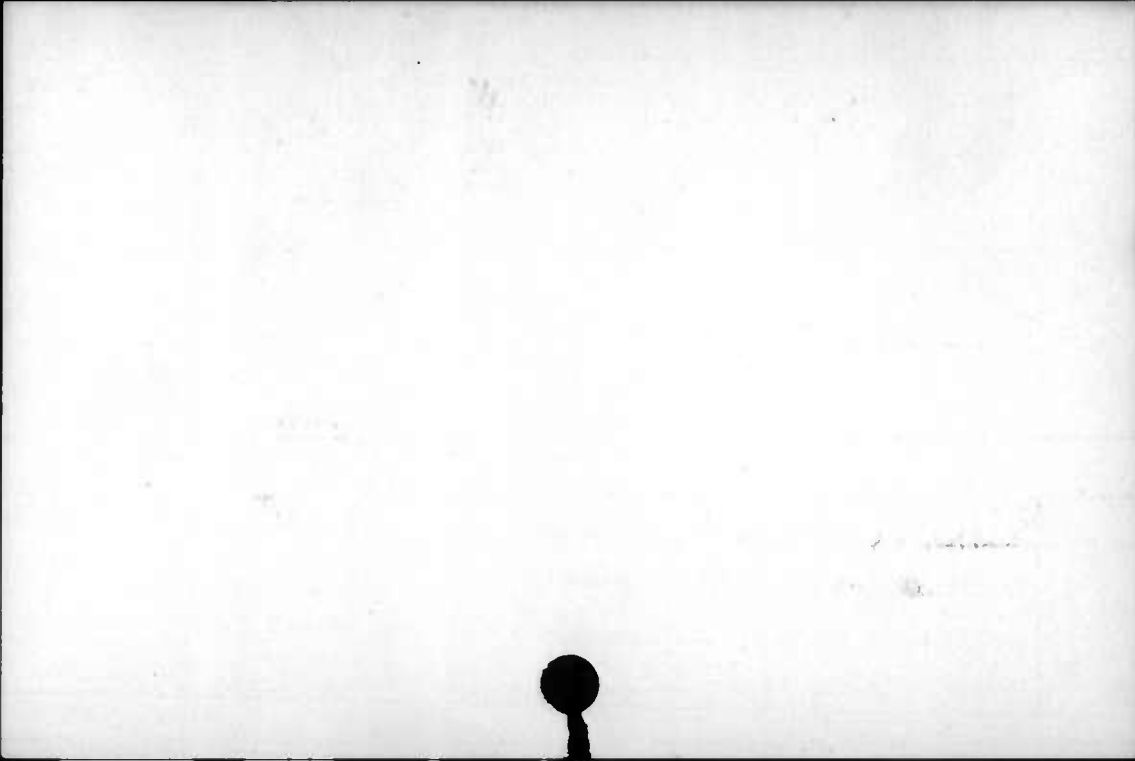
Farmington

Accident or Suicide?

John

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Nathan H. Franklin,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Taylorsville		County Carroll	
Date of death	1907	Month 11	Day 8	Age Years 67	Months 10 Days 2
Sex	Male		Color or Race	White	
Occupation	Farmer		Where Residing if not at place of death	Taylorsville, Md.	
Married, Single or Widowed	Married		Name of Wife or Husband	Ecenith Edwards	
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Ecenith Edwards		How related to deceased	Wife,	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Interstitial Nephritis about three years	
Immediate	Uremic Coma	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes.		Address
		Taylorsville, Md
Accident or Suicide?		

Taylor'sville

Name
in
Full

Samuel Hann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

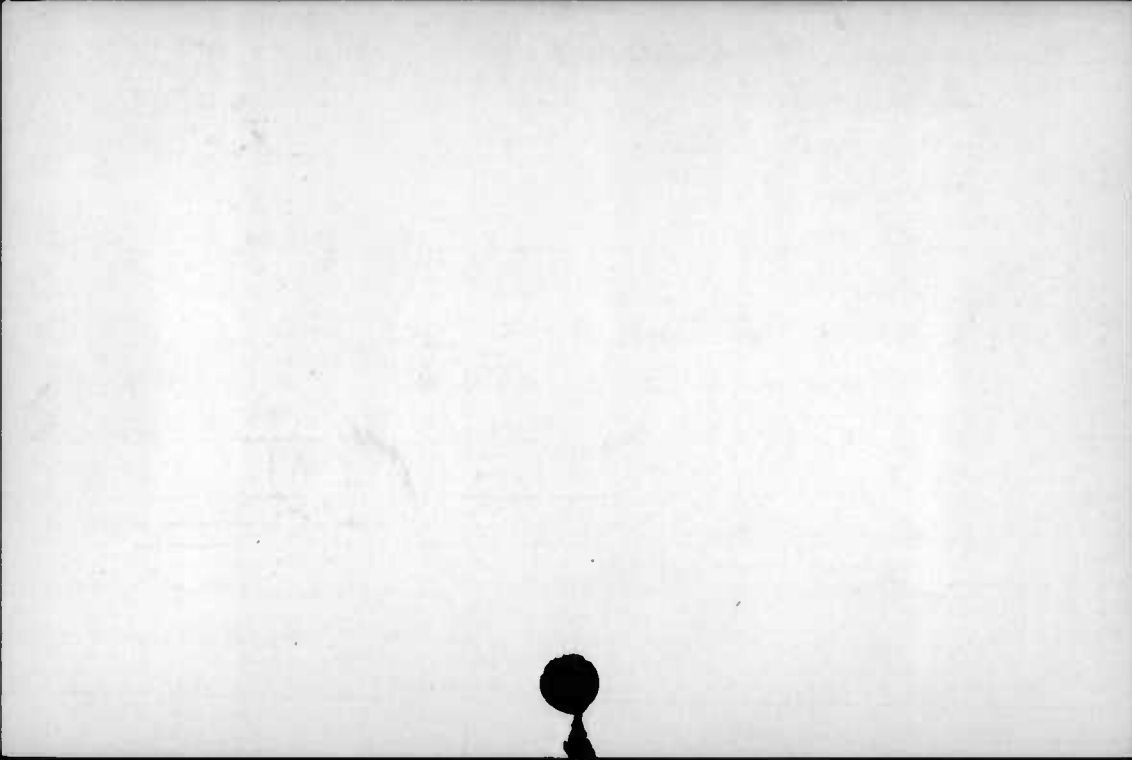
Died at <i>Bachmans Mills</i>		Town <i>Carroll</i>		County		MARYLAND					
Date of death <i>1907</i>		Month <i>11</i>		Day <i>6</i>		Age <i>93</i>		Months <i>7</i>		Days <i>26</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>unknown</i>							
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>Residence</i>							
Married, Single Widow				Name of Wife or Husband <i>—</i>							
Father's Name <i>Abraham Hann</i>				Father's Birthplace <i>unknown</i>							
Mother's Maiden Name <i>Elizabeth Hamm</i>				Mother's Birthplace <i>unknown</i>							
Name of person giving information <i>wife</i>				How related to deceased <i>wife</i>							

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary <i>Oedema of Lungs</i>		How long <i>unknown</i>	
Immediate <i>paralysis of heart</i>		How long <i>five minutes</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John S. Ziegler</i>	
		Address <i>Melrose</i>	
Accident or Suicide?		<i>Md</i>	



Name
in
Full

Sarah C. Hipsley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

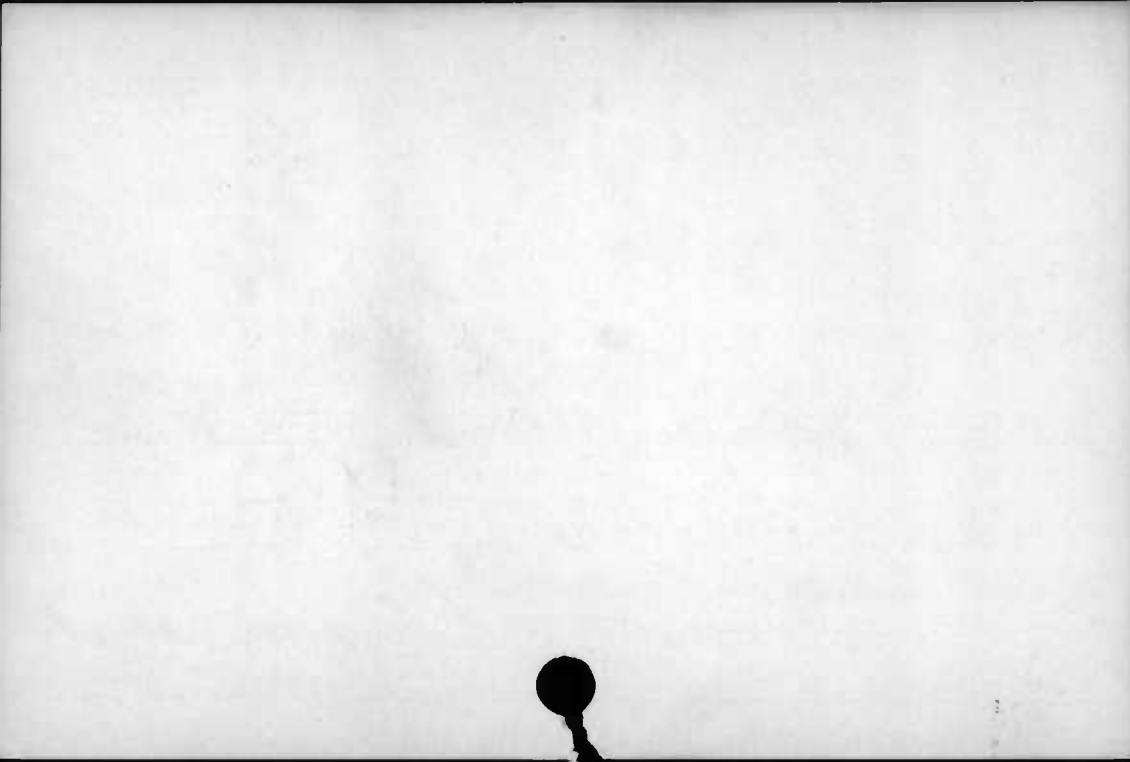
Died at <u>Sykesville</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death <u>1907 Nov.</u> <small>Month</small>		<u>20</u> <small>Day</small>		<u>81</u> <small>Years</small>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Md.</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>Springfield S. Hospital</u>			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Don't know.</u>			
Father's Name <u>Jacob. Streapper</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Oliver Cross.</u>		How related to deceased <u>Unknown</u>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<u>Senility</u>	How long	<u> </u>
Immediate	<u>Dilation of Heart.</u>	How long	<u>12 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Newton H. Hershner</u>	
		Address <u>Sykesville Md.</u>	
Accident or Suicide? <u>Neither</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

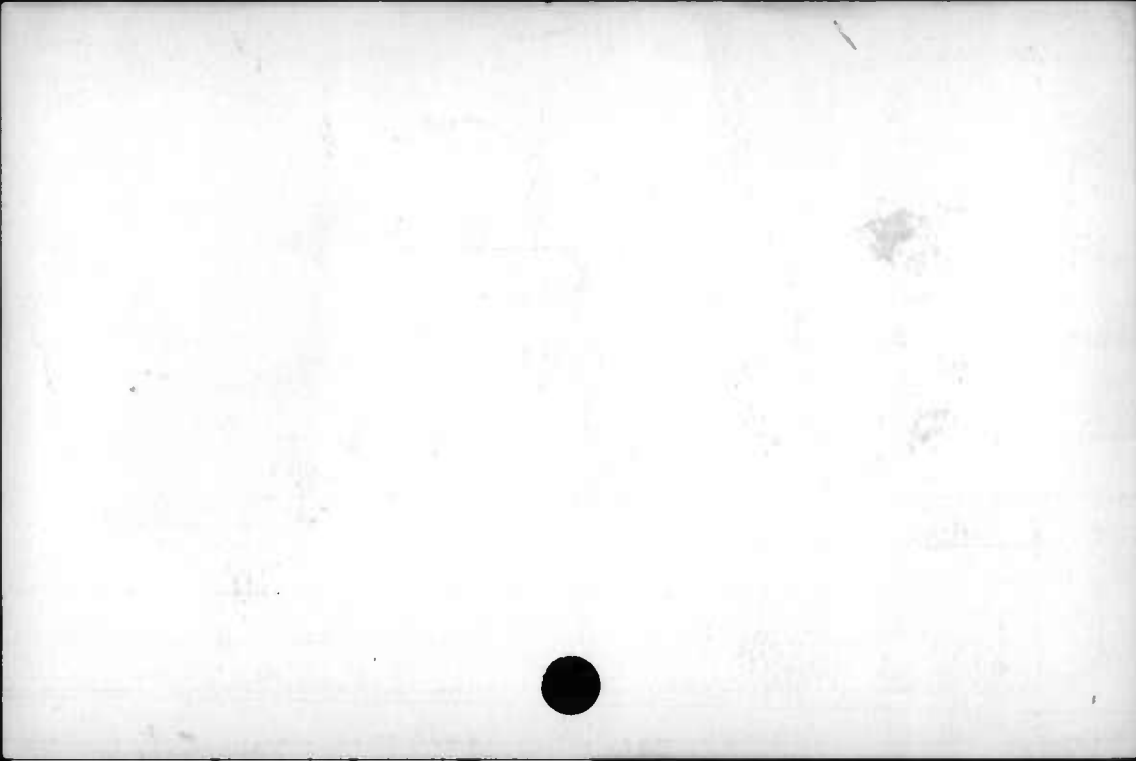
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Nov.	12	66		11	2
Sex	Male	Color or Race	White		Birth-place	Littlestown Pa	
Occupation	Painter		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband Julia Ann Horner				
Father's Name	Jacob P. Horner		Father's Birthplace Littlestown Pa				
Mother's Maiden Name	Susan King		Mother's Birthplace Littlestown				
Name of person giving information	Julia Ann Horner		How related to deceased Wife				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Arterio sclerosis		How long	—
Immediate	Cerebral apoplexy		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. Lewis Weber M.D.
			Address	Union Mills Pa
Accident or Suicide?				Eng



Name
In
Full

Thomas Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

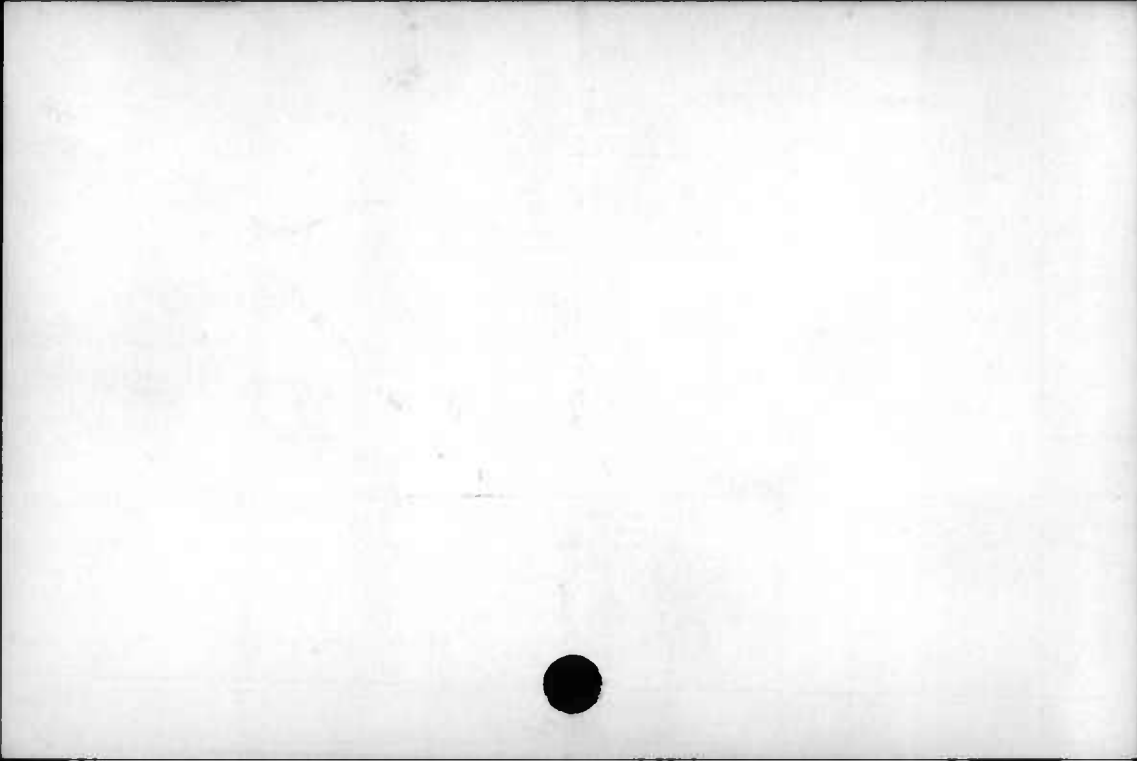
Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>28</i>	Years <i>Unknown</i>	Months	Days
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Unknown</i>	
Occupation <i>Oyster dredger</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Hosp. records</i>		How related to deceased			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Acute Malaria</i>	How long	<i>23 months</i>
Immediate	<i>Lobar Pneumonia</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Unable to say</i>		Signature of Physician <i>Chas. J. Carey</i>	
Accident or Suicide? <i>No.</i>		Address <i>Sykesville Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mervin Hains Kiler

Town

County

Died at Smallwood

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907 Nov

13

Age

13

10

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Boatman

Where Residing if not
at place of death

Smallwood

Married, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Charles William Kiler

Father's
Birthplace

Maryland

Mother's
Maiden Name

Orlinda Hains

Mother's
Birthplace

Maryland

Name of person giving
information

Charles Kiler

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

2 days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. J. Coonan M.D.

Address

Westminster Md.

Accident or Suicide?

Buried at St James cemetery

Name in Full		Christiana Kinney		277		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Westminster		County		Carroll	
	Date of death	1907	Month	11	Day	9	Age
	Sex	Female		Color or Race		White	
	Occupation	Housekeeper		Where Residing if not at place of death		Carroll Co Md	
	Married, Single or Widowed	Widow		Name of Wife or Husband		Head	
	Father's Name	Thomas Webster		Father's Birthplace		Fred Co Md	
	Mother's Maiden Name	Leah Jacobs		Mother's Birthplace		" " "	
Name of person giving information	Mrs Harriet Glover		How related to deceased		Daughter		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Sarcoma of Spleen				How long	6 mos
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Accident or Suicide?				Address		
				Henry M. Fitchbaugh M.D.			
				110 E. Main Street			
				Westminster			

Deer Park cemetery
Stoner

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mary Elizabeth Manning

276
CERTIFICATE OF DEATHDied at *Westminster*

Town

Carroll

County

MARYLAND

Date of death *1907* *Nov* *10*

Month

Day

Age *26*

Years

Months *7*Days *24*Sex *Female*Color or
Race*White*Birth-
place*Maryland*

Occupation

*General House Work*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*None*Father's
Name*Louis P Manning*Father's
Birthplace*Maryland*Mother's
Maiden Name*Emily Barnes*Mother's
Birthplace*Id*Name of person giving
In formation*Emily Manning*How related
to deceased*Mother*

CAUSES OF DEATH

76

Primary

Cold & Abscess of Ear

How long

10 days

Immediate

Meningitis

How long

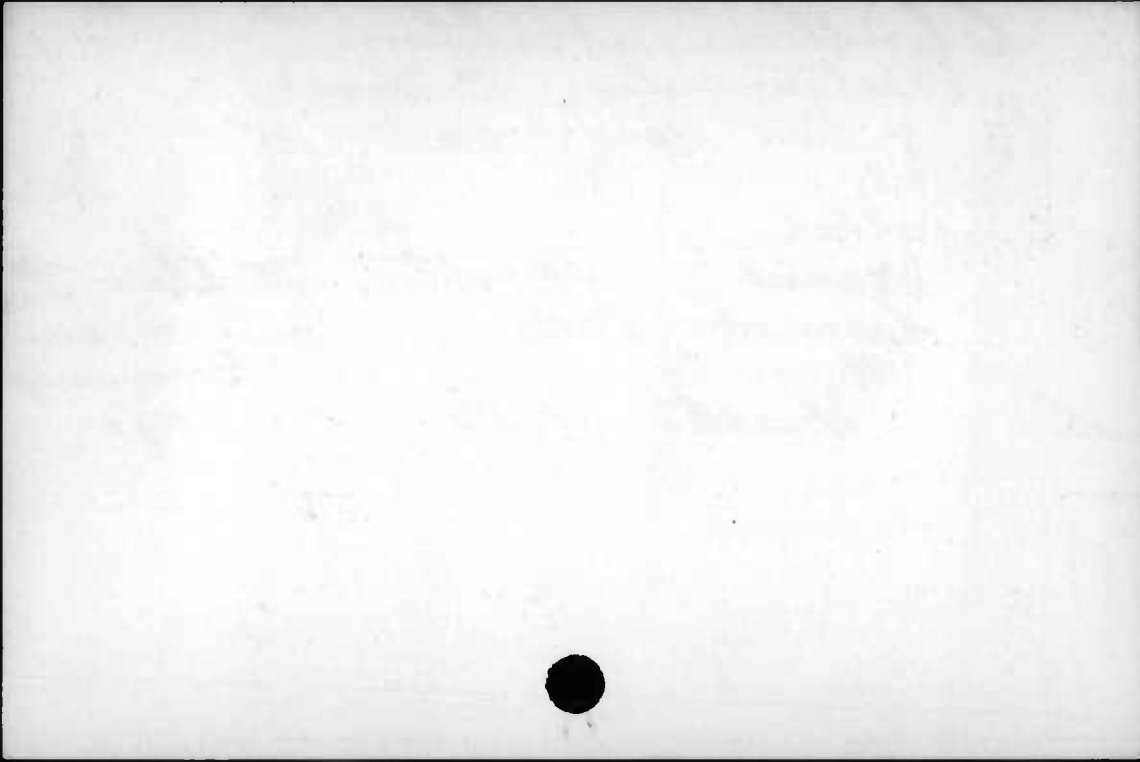
*10 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Jas. H. Pelling M.D.**Westminster, Md.*

Accident or Suicide?

No



Name
in
Full

Christian Miller

278
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster ^{Town} Carroll ^{County} MARYLAND

Date of death 1907 ^{Month} Nov ^{Day} 10 ^{Age} 80 ^{Years} 10 ^{Months} 5- ^{Days}

Sex Male Color or Race White Birth place Fred Co. Md

Occupation Retired Where Residing if not at place of death Westminster

Married, Single or Widowed Married Name of Wife or Husband Martha Miller

Father's Name Leandro Miller Father's Birthplace Germany

Mother's Maiden Name Mary Everloock Mother's Birthplace Germany

Name of person giving information Martha Miller How related to deceased Wife

CAUSES OF DEATH

(154)

PHYSICIAN
OR CORONER

Primary Senility How long —

Immediate Heart Failure How long 13 hours

Are the name, age, sex, color, date and place correctly given above? yrs.

Signature of Physician A. Luther Barr

Address Westminster
Md.

Accident or Suicide? —

Beaver Dam Cemetery
Stones

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Gliza Myers

Town *Pleasant Valley* County *Ganoll* MARYLAND

Died at *Pleasant Valley*

Date of death *1907 Nov 26* Age *78* Months *7* Days *29*

Sex *Female* Color or Race *White* Birth-place *Ganoll Co.*

Occupation *Housewife* Where Residing if not at place of death *_____*

Married, Single or Widowed *Married* Name of Wife or Husband *John P. Myers*

Father's Name *Michael Stair* Father's Birthplace *Adams Co. Pa.*

Mother's Maiden Name *Elizabeth Myers* Mother's Birthplace *Ganoll Co.*

Name of person giving information *John P. Myers* How related to deceased *Husband*

CAUSES OF DEATH **90**

PHYSICIAN
OR CORONER

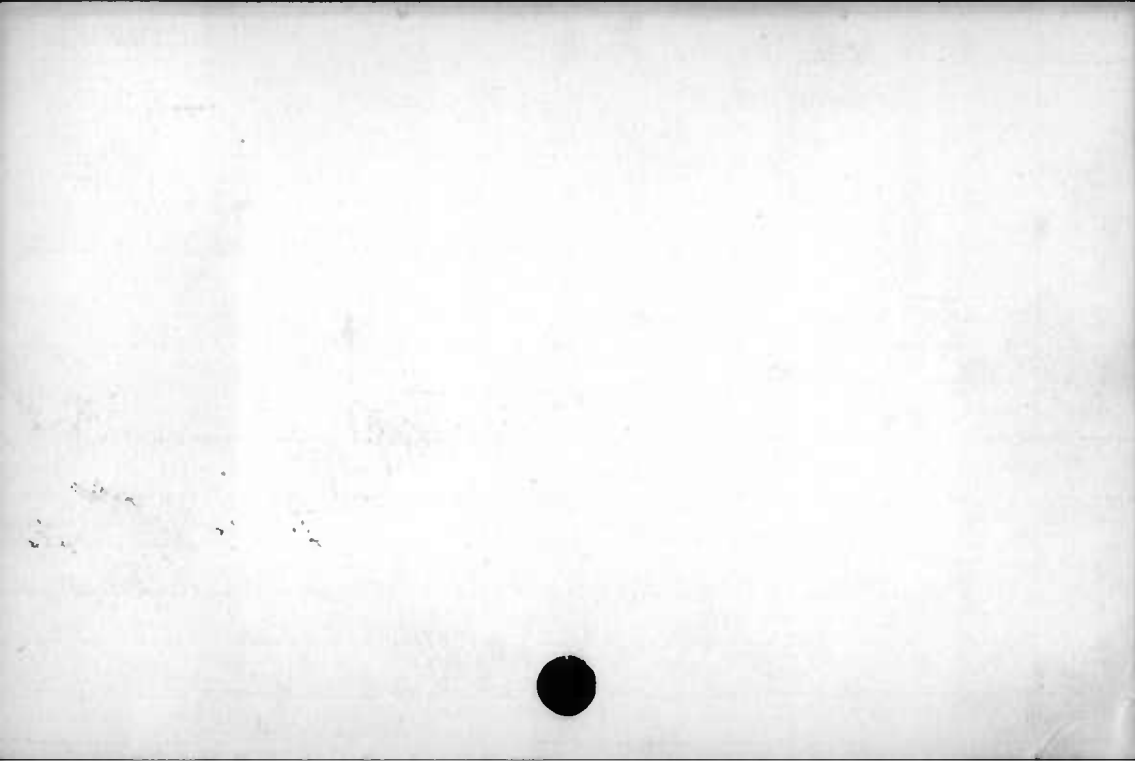
Primary *Complication of diseases* How long *2 months*

Immediate *Capillary Bronchitis* How long *9 days*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *E. Lewis Webster, M.D.*

Address *Union Mills Ind.*

Accident or Suicide? *_____*



Name
in
Full

Franklin W. Parker.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

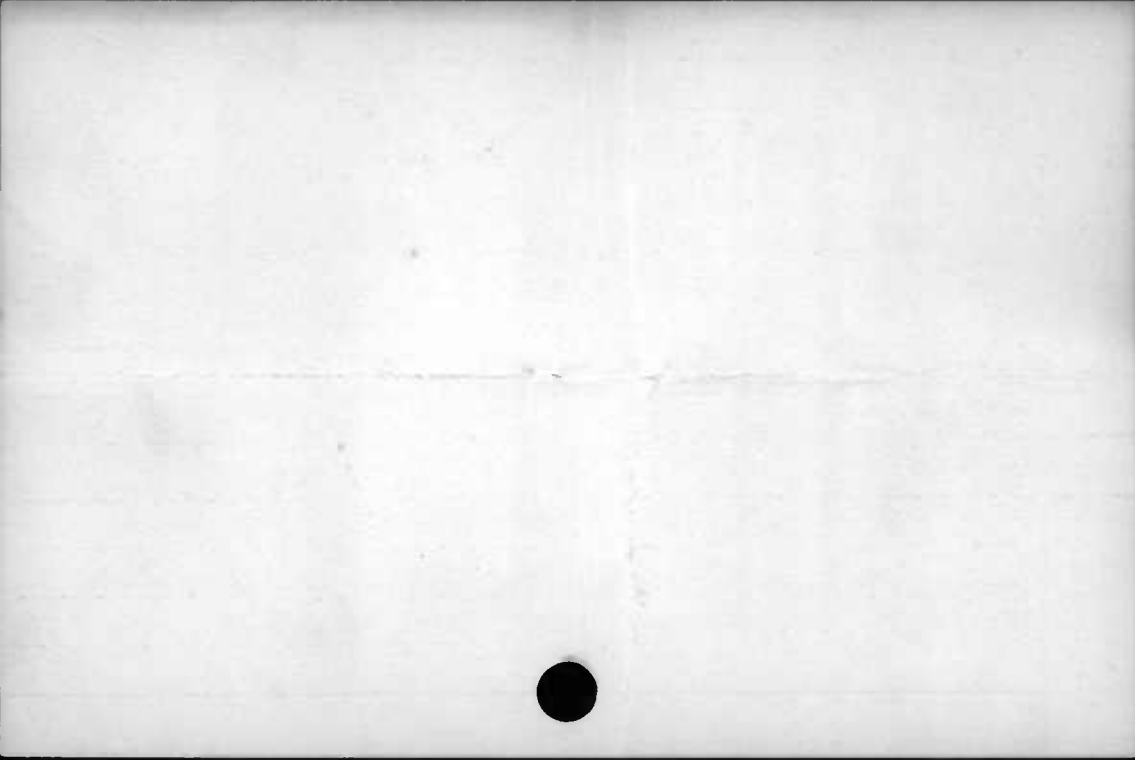
Died at		Town Oakland		County Carroll		MARYLAND	
Date of death 190		Month 7	Day Nov.	Age 37	Years 11	Months —	Days —
Sex Male		Color or Race White		Birth- place Maryland			
Married, Single or Widowed Single		Occupation Mechanic					
Name of Wife or Husband							
Father's Name Columbus Parker				Father's Birthplace Maryland			
Mother's Maiden Name Robertina A. Dell				Mother's Birthplace Maryland			
Name of person giving information Howard Parker				How related to deceased Brother			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia		How long New days	
Immediate Exhaustion & Suffocation		How long Two days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Geo. H. Ward, M.D.	
		Address Harrisonville, Balto. Co. Md.	
Accident or Suicide? —			



Name
in
Full

Susan J. Redgrave -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>Nov.</i> <small>Day</small>	<i>21</i> <small>Age</small>	<i>83</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex	<i>F.</i>	Color or Race	<i>W.</i>	Birth-place	<i>Md.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Springfield State Hospital</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Unknown.</i>		
Father's Name	<i>George Cromer -</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Mary Burk</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Mrs R. B. Cromer</i>			How related to deceased	<i>Niece -</i>

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia -</i>	How long	<i>—</i>
Immediate	<i>Broncho Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Newton N. Bershner</i>
<i>yes</i>		Address	<i>Sykesville Md.</i>
Accident or Suicide?		<i>J</i>	



Name in Full		Elija Margaret Rigler.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town West Falls		County Carroll		MARYLAND	
	Date of death	1907	Month 11	Day 17	Age 59	Months 10	Days 11
	Sex	Female		Color or Race	White		
	Occupation	Housewife		Birth-place	Carroll Co., Md.		
	Where Residing if not at place of death						
	Married, Single or Widowed	Married		Name of Wife Husband	George Rigler		
	Father's Name	Sam'l. Elmer, (deceased)			Father's Birthplace	Westmore	
	Mother's Maiden Name	Elija M. Feltman			Mother's Birthplace	"	
Name of person giving information	George Rigler			How related to deceased	Husband,		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Apoplexy.			How long	Six hours.	
	Immediate	"			How long		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
	- Yes.			A. T. Frank			
	Accident or Suicide?			Address Taylorville, Md.			

Bethany

Name
In
Full

Mary E Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Manchester</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov</i>	Day <i>20</i>	Age Years <i>7</i>	Months <i>27</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Manchester</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Geo Riley</i>			Father's Birthplace <i>Carroll Co md</i>		
Mother's Maiden Name <i>Martha Dyest</i>			Mother's Birthplace <i>Carroll Co md</i>		
Name of person giving information <i>Geo Riley</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary	<i>Cerebro Spinal Meningitis</i>	How long	<i>8 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J H Sherman MD</i>	
		Address <i>Manchester md</i>	
Accident or Suicide? <i>J</i>			

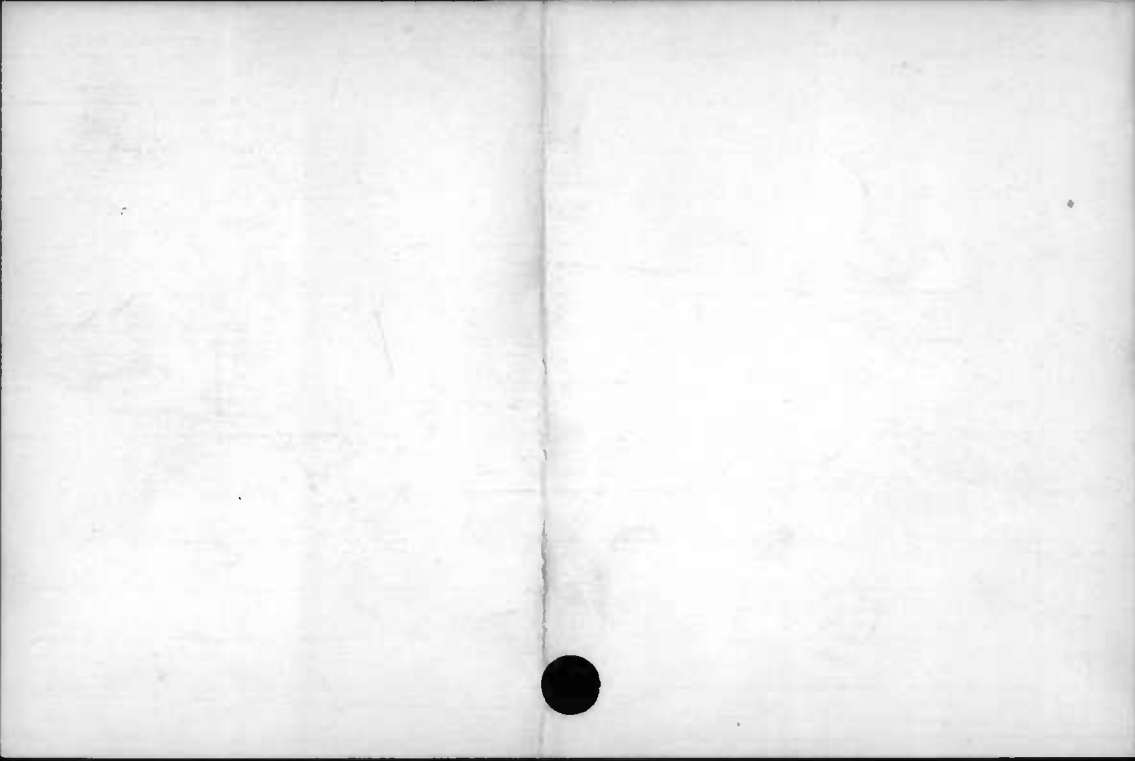


Name in Full Allen P Selby		Town New Rutting		County Carroll		CERTIFICATE OF DEATH	
Died at New Rutting		Month Nov		Day 14		MARYLAND	
Date of death 1907		Age 10		Years 10		Months 7	
Sex male		Color or Race white American		Birth-place Lisbon Ind			
Occupation 		Where Residing if not at place of death 					
Married, Single or Widowed Single		Name of Wife or Husband 					
Father's Name Caleb W - Selby		Father's Birthplace Harford Co Ind					
Mother's Maiden Name Sue Ensey		Mother's Birthplace Carroll Co Ind					
Name of person giving information C W Selby		How related to deceased Father					
CAUSES OF DEATH							
Primary General Tuberculosis		How long 6 mo.					
Immediate 		How long 					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. E. Haves		Address New Rutting Ind			
Accident or Suicide? 							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

34



Name
in
Full

Lloyd Henry Shipley

273
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Bamber Carroll MARYLAND

Date of death 1907 November 5th Age 76 7 Months 12 Days

Sex Male Color or Race White Birth place Carroll Co

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Jessie Ann Gorsuch

Father's Name Amos Shipley Father's Birthplace W. Va

Mother's Maiden Name Cassie Pool Mother's Birthplace W. Va

Name of person giving information H. C. Shipley How related to deceased Son

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Bright's disease of kidneys How long 10 days

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

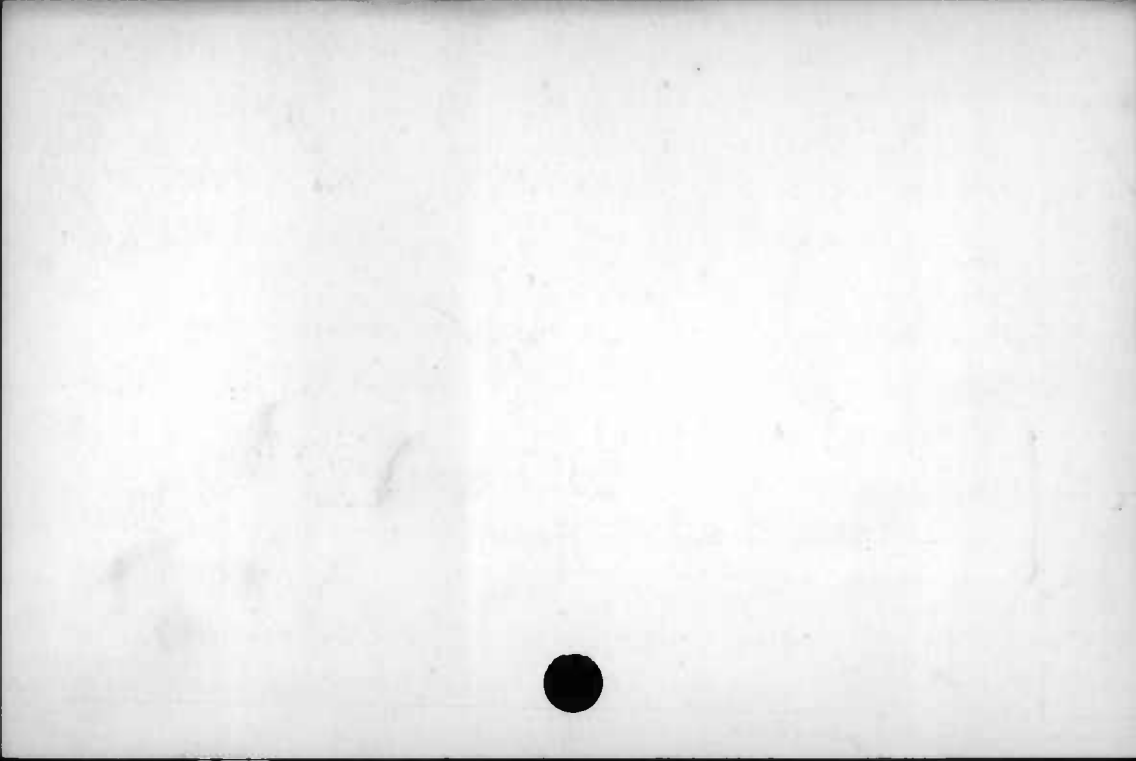
Signature of Physician Josephus A. Knight

Address Bamber Md.

Accident or Suicide?

Scrubber

Name in Full		No Name Shoch.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Taney</i> ^{Town}		<i>Leist</i> ^{County}		MARYLAND		
	Date of death	<i>1907</i>	Month	<i>11</i>	Day	<i>3</i>	Age
					Years		Months
							Days
	Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place
							<i>Ind</i>
	Occupation	<i>none</i>		Where Residing if not at place of death			
PHYSICIAN OR CORONER	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		<i>Harry Shorb</i>			Father's Birthplace	
						<i>Ind</i>	
	Mother's Maiden Name		<i>Alice Perry</i>			Mother's Birthplace	
						<i>Ind</i>	
Name of person giving information		<i>Harry Shorb</i>			How related to deceased		
					<i>Father</i>		
CAUSES OF DEATH 150							
PHYSICIAN OR CORONER	Primary		<i>Non closure of Foramen ovale</i>			How long	
						<i>2 days -</i>	
	Immediate		<i>Systemic poisoning heart failure</i>			How long	
						<i>" "</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician		
				<i>F. H. Juss.</i>			
				Address			
				<i>Taneytown, Md.</i>			
Accident or Suicide?							



Name
in
Full

Moses Silverman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

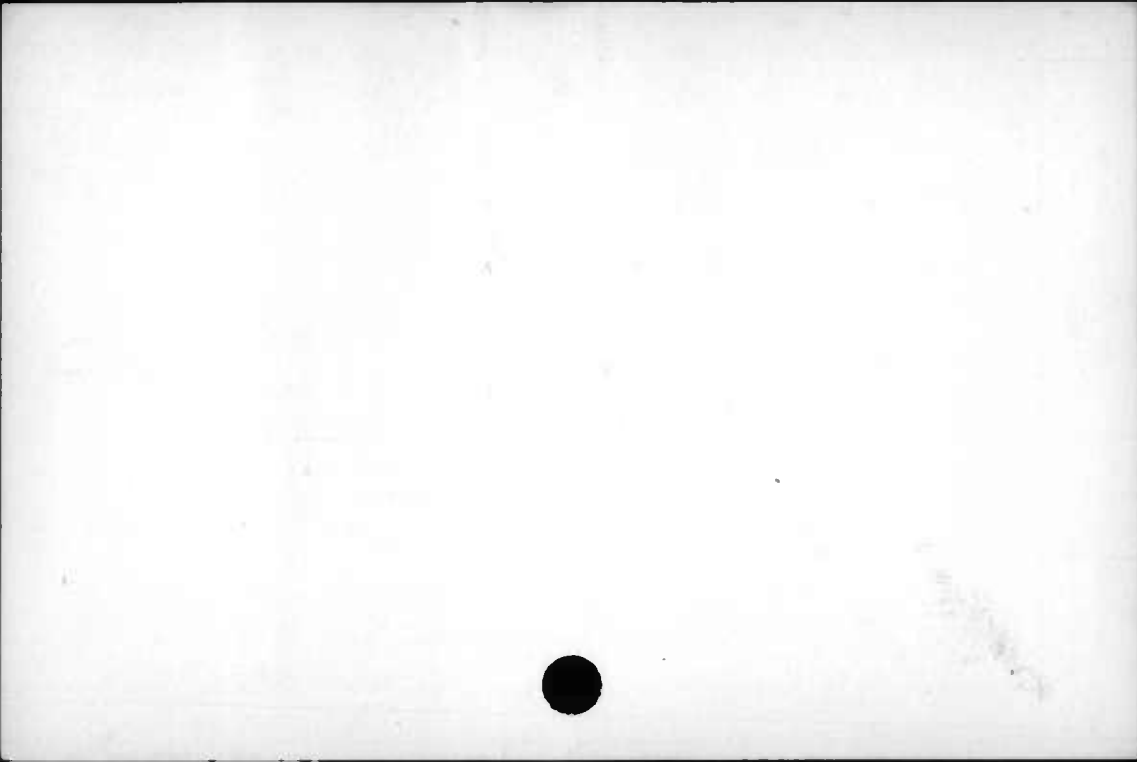
Died at <u>Sylheville</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>7</u>	Age <u>58</u>	Years	Months
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Russia</u>		
Occupation <u>Merchant</u>		Where Residing if not at place of death <u>Baltimore</u>			
Married, <u>Single</u> or Widowed		Name of Wife or Husband <u>unknown</u>			
Father's Name <u>unknown</u>		Father's Birthplace <u>Russia</u>			
Mother's Maiden Name <u>unknown</u>		Mother's Birthplace <u>Russia</u>			
Name of person giving information <u>W. Lewis</u>		How related to deceased <u>Cousin</u>			

CAUSES OF DEATH

(56)

PHYSICIAN
OR CORONER

Primary <u>alcoholic insanity</u>	How long <u>4 months</u>
Immediate <u>Hepatitis</u>	How long <u>1 month</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Leback</u>
	Address <u>Sylheville</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Louis Blanch Louis Swain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Roop mill ^{County} CarrollDate of death 1907 ^{Month} Nov ^{Day} 12 ^{Age} 4 ^{Years} 6 ^{Months} 26 ^{Days}Sex Female ^{Color or Race} White ^{Birth-place} around the

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Father's Name Albert M. Swain

Father's Birthplace Muscatine, Ia

Mother's Maiden Name Elizabeth A. Swain

Mother's Birthplace Ellicott City

Name of person giving
information Edward RoopHow related
to deceased No

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary Intestinal Obstruction

How long Five days

Immediate Dilatation of Stomach

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

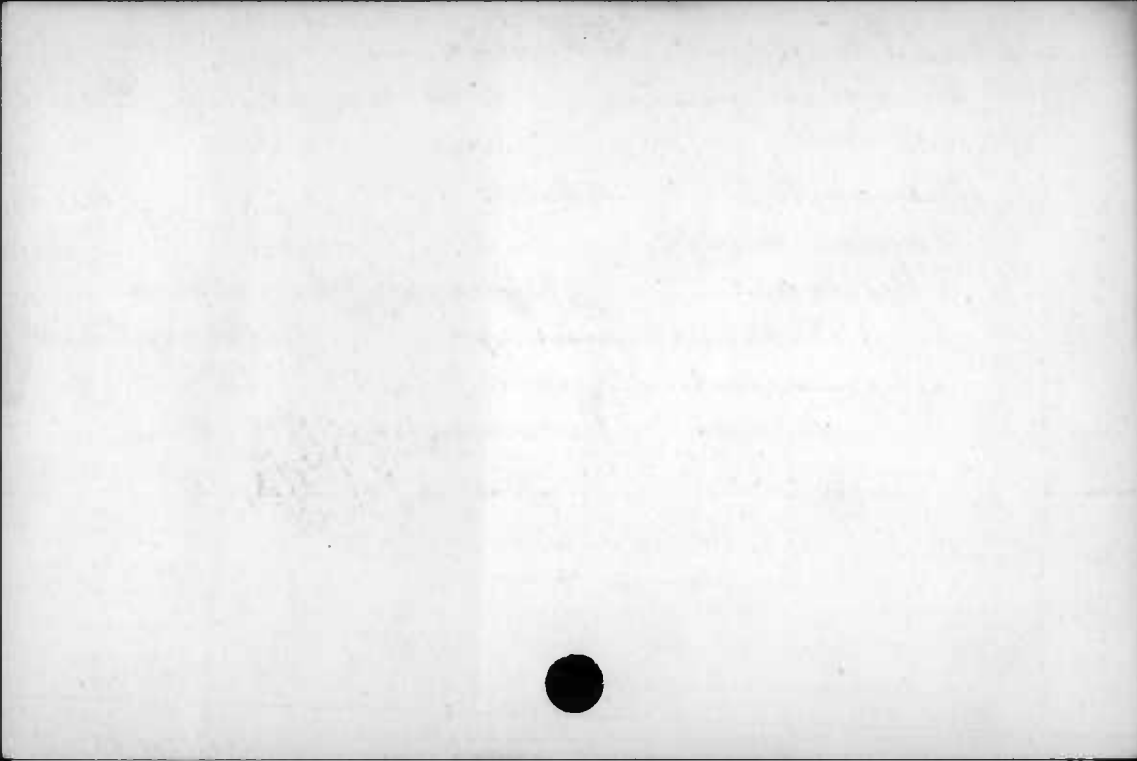
Dr. J. E. Whitehead

Address

New Windsor

Md.

Accident or Suicide?



Name
in
Full

Barbara Ellen Thomson

274

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		Town		<i>Carroll</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Nov</i>	Day	<i>7</i>	Age	<i>69</i>	Years	Months
									Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>		
Occupation	<i>House Work</i>				Where Residing if not at place of death				
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband <i>James Thomson</i>						
Father's Name	<i>John Warner</i>					Father's Birthplace	<i>Maryland</i>		
Mother's Maiden Name	<i>Don't Know</i>					Mother's Birthplace			
Name of person giving information	<i>Harry Thomson</i>					How related to deceased	<i>Son</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis & Pneumonia</i>	How long	<i>Don't know</i>
Immediate	<i>Uremia & Pneumonia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Levin Woodward</i>	
<i>Yes</i>		Address <i>Westminster, Md.</i>	
Accident or Suicide?			
<i>No</i>			

Veränder

Name in Full		John W. Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Towm Puttamy		County Carroll		MARYLAND	
	Date of death	1907	Month Nov	Day 26	Age 39	Months 1	Days 1
	Sex	Male		Color or Race	White American		Birth-place
	Occupation	Hotel Proprietor		Where Residing if not at place of death		Frederick Co Md	
	Married, Single or Widowed	Name of Wife or Husband Stella M Wilson					
	Father's Name	Wm C. Wilson				Father's Birthplace	Frederick Co Md
	Mother's Maiden Name	Lydia J. Watkins				Mother's Birthplace	Frederick Co Md
Name of person giving information	A. E. Wilson				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR-CORONER	Primary	Scalded from exploding boiler				How long	12
	Immediate	Septic Infection				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. E. Gaver
					Address		Puttamy Md
	Accident or Suicide?						

